

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of:

Van Dyke et al.

Application No.: 10/657,957

Filed: 09/08/03

For: SYSTEM AND METHOD FOR A HIGH
BANDWIDTH-LOW LATENCY MEMORY
CONTROLLER

) Attorney Docket No.: NVIDP033A_P000873

) Examiner: Choi, Woo H.

) Group Art Unit: 2186

) Date: September 9, 2004

COPY

CERTIFICATE OF FAXIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 attn: Examiner Choi at facsimile number (703) 872-9306 on the above date.

Signed:

Erica L. Partow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For Extra	Present	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	27 -	25	02	X09 = \$	OR	X 18 = \$ 36.00
INDEP CLAIMS	04 -	04	00	X43 = \$	OR	X 86 = \$
{ [] Multiple Dependent Claim Present and Fee Not Previously Paid				\$145		\$290
			TOTAL	\$ _____		\$ 36.00



Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action.
Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1531.



Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.
If the required fees are missing or any additional fees are required to facilitate filing the enclosed response,
please charge such fees or credit any overpayment to Deposit Account No. 50-1531 (Order
No.NVIDP033A_P000873) A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
Zilka Kotab, PC

Kevin J. Zilka
Registration No. 41,429

P.O. Box 721120
San Jose, CA 95172-1120
Telephone: (408) 971-2573

(Revised 1/96)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number
10457957

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 = * 5	
INDEPENDENT CLAIMS	4 minus 3 = * 1	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 27	Minus ** 25	= 2
Independent	* 4	Minus *** 4	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1 - 2 . 24 - 25

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	90
X42=		OR X84=	84
+140=		OR +280=	
TOTAL		OR TOTAL	174

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	36
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	36

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	